IN THE SPECIFICATION:

The first paragraph on page 1 has been amended as follows:

--This application is a continuation of application Serial No. 10/093,765, filed March 8, 2002, which claims the benefit of U.S. provisional applications Serial No. 60/278,128 filed March 23, 2001 and Serial No. 60/281,848, filed April 5, 2001 and Serial No. 60/305,178 filed July 13, 2001 Serial No. 60/322,909, filed September 17, 2001 and Serial No. 60/342,436, filed December 21, 2001, the disclosure of each of which is incorporated in its entirety herein by reference.--

The paragraph on page 3, line 17, has been amended as follows:

--Open surgical breast biopsies have many drawbacks. They can be disfiguring, expensive and are imperfect. Open surgical biopsies also carry a small mortality risk (due to the risks of anesthesia) and a moderate morbidity rate (including bleeding, infection, and fracture or migration of the localizing wire). In cases where multiple lesions are present in the breast, a surgeon is reluctant to biopsy each lesion due to the large tissue mass that must be extracted with each lesion. The most convenient lesion may be taken which most often results in an incomplete diagnosis.--

The paragraph beginning on page 3, line 27, has been amended as follows:

--Percutaneous breast biopsy techniques are more desirable in many instances, particularly in light of modern imaging techniques which are able to pinpoint ~~nonpalpable~~ non-palpable tissue masses in the breast and consequently, the increased frequency of biopsies that are necessary for diagnosis of these tissue masses. A well

known instrument used quite extensively for core biopsies in the past is manufactured by Travenol Laboratories of Deerfield, Ill., and is sold under the mark "TRU-CUT." This manual biopsy instrument at one time enjoyed as much as 98% of the market for such devices. As disclosed in U.S. Pat. No. 3,477,423, the instrument comprises a two-piece assembly: an outer cutting cannula mounted to one hub member and an inner stylet with a sampling notch ground into it mounted to a second hub, with the hubs being slidably interlocked. The instrument is assembled and placed into the body with the outer cutting cannula just to the rear of a lancet point or beveled distal end of the stylet. Upon inserting the device up to or in front of the area to be biopsied, advancement of the assembly is halted. The stylet is manually advanced distally of the cannula with the cannula held stationery. Upon advancement of the stylet, the specimen notch is exposed. Tissue surrounding the stylet prolapses into the specimen notch and the cutting cannula is then manually advanced distally over the stylet, slowly shearing off the tissue entrapped in the stylet's specimen notch. The instrument is then either (a) withdrawn and the stylet advanced distally to expose the tissue for preparation for study or (b) left in place and only the stylet is proximally removed from within the cannula so a determination of successful sampling may be made. If the sampling was not successful, the stylet may be reinserted into the cannula, which remains positioned within the patient, and an attempt to reposition the assembly of stylet and cannula and repeat sampling can be made.--

The paragraph on page 13, line 15, has been amended as follows:

--Incorporated herein by this specific reference are U.S. Patent application for Micro-invasive Tissue Removal Device, having Serial No. 10/093,775 ~~(attorney docket no. D-3034)~~, filed on even date herewith, and commonly assigned herewith, and U.S. Patent

application for Micro-invasive Nucleotomy Device and Method, having Serial No. 10/093,774, ~~(attorney docket no. D-3039)~~ filed on even date herewith, and commonly assigned herewith.--